

JUL 22 2003

EXPRESS MAIL NO. EV347011928US

PTO/SB/17 (01-03)
Approved for use through 04/30/2003 OMB 0651-0032**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT (\$)** 110

Complete if Known

Application Number **09/699,295**

Filing Date **October 26, 2000**

First Named Inventor **Tony N. Frudakis**

Examiner Name **Mary K. Zeman**

Group Art Unit **1631**

Attorney Docket No **210121.419C10**

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JUL 29 2003
TECH CENTER**METHOD OF PAYMENT**

☒ Payment Enclosed

☒ Check ☐ Credit card ☐ Money Order ☐ Other

☐ Deposit AccountDeposit
Account
Number

19-1090

Deposit
Account
NameSeed Intellectual Property Law Group
PLLC

The Commissioner is authorized to (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge any additional fee(s) during the pendency of this application
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any deficiencies to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee(\$)	Fee Code	Fee(\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
4	-20** = 0		
Independent Claims	1	-3** = 0	
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1450	2254	725	Extension for reply within fourth month	
1255	1970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	650	Petition to revive - unintentional	
1501	1300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) <u>1814, Terminal Disclaimer</u>					110

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110

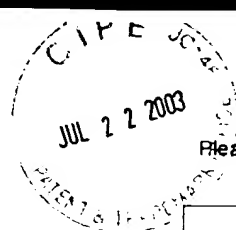
SUBMITTED BYName (Print/Type) **Julie A. Urvater, Ph.D., Patent Agent**Registration No. **50,461**
Attorney/Agent)Firm Name/
Address

Signature

Date **July 22, 2003**

Customer Number

00500



07-24-02

1031

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

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**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	09/699,295
Filing Date	October 26, 2000
First Named Inventor	Tony N. Frudakis
Group Art Unit	1631
Examiner Name	Mary K. Zeman
Attorney Docket No.	210121.419C10

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Julie A. Urvater, Ph.D., Patent Agent Reg. No. 50,461	Customer Number 00500
Signature		
Date	July 22, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date specified below.

Typed or printed name		
Signature		Date:

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